

## Claim Filing Requirements

1. ***Print your name, address, social security number and your employer's name.***
2. ***List expenses by date & arrange the supporting statements in the same order.*** Highlight or circle the service dates on your documentation. If you have several statements from the same provider, you may subtotal them and list them on one line with a range of dates.
  - Day care claims - complete the Dependent Care Assistance section
  - Health care claims - complete the Unreimbursed Medical Benefits section (The amount column should be the amount you are requesting after any insurance payment or provider discount for each expense).
3. ***Enclose required documentation*** \*. A written statement from the dependent care or medical (Dr., hospital, pharmacy, etc.) provider of the service or an insurance company benefits statement showing:
  - The name of the dependent care or medical service provider,
  - The date or range of dates of medical service or day care. Although this date may be the same as the date paid it must be clear on what date the service was provided. The services must have already been provided.
  - A description of the service provided (for example, for health care, "dental cleaning", or for day care "day care"),
  - The name of the person or persons receiving the medical or dependent care, and
  - The cost of the service, not just the amount paid.

\* **Dependent Care claims only.** - You may either provide documentation from the day care provider or have the provider complete the Dependent Care Assistance Section, then sign on the "Provider's Signature" line and date the signature. You do not need to do both.

Requests filed without the above documentation cannot be processed and will be returned.
4. ***Sign*** the claim form.
5. ***Keep*** copies for your tax records.
6. ***Mail*** to the address on the front of this form.

**Orthodontics:** Requests may be reimbursed for a reasonable monthly payment on or after the payment is due and paid. The payment must be a reasonable approximation of the value of each month's service. You may only file claims for orthodontic payments while treatment is in process. You must submit a paid receipt from your orthodontist or a photocopy of the monthly coupon and your check. Pre-payments are not allowed. You must submit a written statement from the orthodontist showing the charge for the initial installation work, when it was completed and a paid receipt to claim an initial down payment or appliance fee.

**Medical equipment:** Requires a letter from a physician every 12 months stating the nature of your medical condition, the specific equipment needed and that the equipment is essential to the treatment.

**Claims payment and account information available 24 hours a day 7 days a week:** - Complete history including available funds *on the Web* at [www.asiflex.com](http://www.asiflex.com) (Account Detail). You will need your P.I.N., which you can find on your enrollment confirmation.

**Claim forms:** You may copy this form. Obtain forms on the Internet at <http://www.asiflex.com>. Request them from your personnel/payroll office. Call us at 1-800-659-3035.